

**CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Not for use by Judicial or  
School Board Candidates)

2015 SEP 10 11:14:04

OFFICE USE ONLY

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, Michael DeFilippi

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT \* – NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of Miami Beach Commissioner, N/A,  
(office) (district #)  
N/A, IV; I am a qualified elector of Miami-Dade County, Florida;  
(circuit #) (group or seat #)

I am a qualified elector of the City of Miami Beach, Florida, residing within the City at least one year before qualifying for City of Miami Beach elected office, with my legal residence being: 410 Euclid Ave Apt 6, Miami Beach, Florida. I am qualified under the ordinances and Charter of said City and under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Michael DeFilippi

X Signature of Candidate

305-588-9469

Telephone Number

Michael@MDRealtyMiami.com

Email Address

410 Euclid Ave #6

Address

Miami Beach

City

FL

State

33139

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 118237223

\* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

MY-kull DeFilippi

STATE OF FLORIDA

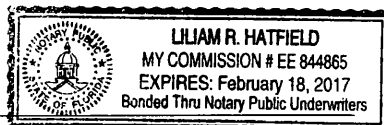
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 10 day of September, 2015.

Personally Known: \_\_\_\_\_ or

Produced Identification: /

Type of Identification Produced: \_\_\_\_\_



Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

SEP 10 2015



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2015 SEP 10 PM 4:04

CITY CLERK'S OFFICE

## CITY OF MIAMI BEACH OATH/AFFIRMATION

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Before me, an officer authorized to administer oaths, personally appeared Michael DeFilippi to me well known who, being sworn, says that he/she is a candidate for the office of Mayor or City Commissioner, Group No. IV, for the City of Miami Beach, Florida; that he/she is a qualified elector of said City residing within the City at least one year before qualifying for City of Miami Beach elected office; that his/her legal residence is: 410 Euclid Ave #6, Miami Beach, Miami-Dade County, Florida; that he/she is qualified under the ordinances (including Miami Beach City Code Chapter 38 governing "Elections") and Charter of said City to hold such office; and that he/she has paid the required qualification fee or filed with the City Clerk a petition approving his/her candidacy signed by sufficient qualified and registered voters to constitute not less than two percent (2%) of this number of such voters as the same shall be on the date sixty (60) days prior to the first day of qualifying as a candidate for office.

Michael DeFilippi

Signature of Candidate

Sworn to (or affirmed) and subscribed before me this 10 day of September, 2015, by Michael DeFilippi.

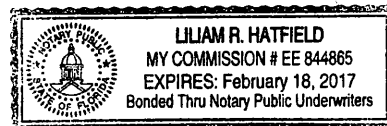
Lillian R. Hatfield

Signature of Notary Public-State of Florida

(NOTARY SEAL)

Lillian R. Hatfield

Name of Notary Typed, Printed or Stamped



Personally Known \_\_\_\_\_ OR Produced Identification ✓

Type of Identification Produced FI DL

SEP 10 2015

## FORM 1

STATEMENT OF  
FINANCIAL INTERESTS

2014

Please print or type your name, mailing  
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

DeFilippi Michael James

MAILING ADDRESS :

410 Euclid Ave #6

CITY :

Miami Beach

ZIP :

33139

COUNTY :

Miami-Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Miami Beach Commissioner, Group IV

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEERECEIVED  
2015 SEP 10 PM 4:04  
CITY CLERK'S OFFICE

## \*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

☒ DECEMBER 31, 2014 OR ☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Global Luxury Realty	1111 Lincoln Rd suite 400 Miami Beach, FL 33139	Real Estate Agent

## PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

5328 Lakefront Blvd B
Delray Beach, FL 33484

FILING INSTRUCTIONS for when  
and where to file this form are  
located at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out  
begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Checking Account	BB&T
Checking Account	Wells Fargo

**PART E — LIABILITIES** [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Fed Log Services	P.O. Box 60610
	Harrisburg, PA 17106

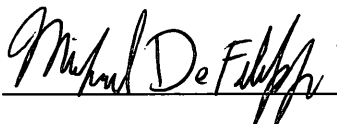
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]

(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	None	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:



Date Signed:

9-10-15

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:****MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

**Form 9****QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)**

LAST NAME -- FIRST NAME -- MIDDLE NAME: <i>DeFilippi Michael James</i>			NAME OF AGENCY:	
MAILING ADDRESS: <i>410 Euclid Ave #6</i>			OFFICE OR POSITION HELD:	
CITY: <i>Miami Beach</i>	ZIP: <i>33139</i>	COUNTY: <i>Miami-Dade</i>	FOR QUARTER ENDING (CHECK ONE): <input type="checkbox"/> MARCH <input checked="" type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <i>2015</i>	

**PART A — STATEMENT OF GIFTS**

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
<i>None</i>				

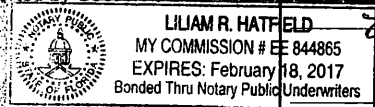
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

**PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT**

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

**PART C — OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112.31(4), Florida Statutes.	STATE OF FLORIDA COUNTY OF <i>Miami-Dade</i> Sworn to (or affirmed) and subscribed before me this <i>10</i> day of <i>September</i> , 20 <i>15</i> by <i>Michael DeFilippi</i>
	 LILIAM R. HATFIELD MY COMMISSION # EE 844865 EXPIRES: February 18, 2017 Bonded Thru Notary Public Underwriters (Signature of Notary Public-State of Florida) <i>Liliam R. Hatfield</i> SEP 10 2015 Type of Identification Produced <i>ADL</i>
SIGNATURE OF REPORTING OFFICIAL <i>Michael DeFilippi</i>	

**PART D — FILING INSTRUCTIONS**

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

# MIAMI BEACH

## NOTICE OF TESTING OF THE TABULATING EQUIPMENT (LOGIC AND ACCURACY TEST) AND CANVASSING BOARD SCHEDULE FOR THE CITY OF MIAMI BEACH RUN-OFF ELECTION (IF NECESSARY) NOVEMBER 17, 2015

Pursuant to Florida Statute §101.5612, notice is hereby given of the time and location of the public preelection test of the automatic tabulating equipment (Logic and Accuracy Test) for the November 17, 2015 Miami Beach Run-Off Election (if necessary).

Pursuant to Florida Statute §102.141, notice is hereby given of the time and place during which the City of Miami Beach Canvassing Board for the November 17, 2015 Miami Beach Run-Off Election (if necessary) will meet to canvass the absentee electors' ballots and provisional ballots.

The City of Miami Beach Canvassing Board will convene at the Office of the Supervisor of Elections, 2700 NW 87 Avenue, Miami, Florida. The Canvassing Board is convening on these dates in preparation to conduct the Miami Beach Run-Off Election to be held on November 17, 2015 (if necessary).

DATE/TIME	ACTIVITY	ATTENDANCE
Thursday, 11/12/15 10:00 a.m.	1. Logic and Accuracy Test of the touch screen and optical scan voting systems to be used for absentee, early voting, and precinct ballots	All Canvassing Board Members or one designated Canvassing Board Member
Friday, 11/13/15 10:00 a.m. through Tuesday, 11/17/15	1. Pre-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots 2. Absentee ballot opening and processing (as needed) 3. Duplication of ballots (as needed)	All Canvassing Board Members or one designated Canvassing Board Member
Tuesday, 11/17/15  Canvassing: 5:00 p.m. to completion	1. Absentee ballot opening and processing (as needed) 2. Duplication of ballots (as needed) 3. Canvassing of presumed invalid absentee ballots and provisional ballots 4. Tabulation of results 5. <u>Unofficial</u> Results provided by the Supervisor of Elections	All Canvassing Board Members
Friday, 11/20/15 11:30 a.m. to completion	1. Canvassing of provisional ballots (if needed) 2. Certification of <u>Official</u> Results, including provisionals, by the Supervisor of Elections 3. Post-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots 4. Race and precinct(s) selection for manual post-election audit 5. Audit process starts to completion	All Canvassing Board Members  Majority of the Canvassing Board Members or designees

Michael Detamore  
9-10-15

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2015 SEP 10 PM 4:05  
CITY CLERK'S OFFICE

All proceedings will be open to the public. To request this material in alternate format, sign language interpreter (five-day notice required), information on access for persons with disabilities, and/or any accommodation to review any document or participate in any City-sponsored proceedings, call 305.604.2489 and select 1 for English or 2 for Spanish, then option 6; TTY users may call via 711 (Florida Relay Service).

In accordance with Florida Statute §286.0105, a person who appeals any decision by the Canvassing Board with respect to any matter considered at a meeting, he or she will need a record of the proceedings and therefore will need to ensure that a verbatim record of the proceedings is made.

**Please note that the Canvassing Board Schedule is subject to change, if needed.** Please contact the Office of the City Clerk at 305.673.7411 if you have any questions.

The County Canvassing Board Members are TBD - County Judge, Chairperson; Rafael E. Granado, City Clerk; and TBD - Miami Beach Resident.



# MIAMI BEACH

## NOTICE OF TESTING OF THE TABULATING EQUIPMENT (LOGIC AND ACCURACY TEST) AND CANVASSING BOARD SCHEDULE FOR THE CITY OF MIAMI BEACH GENERAL AND SPECIAL ELECTIONS NOVEMBER 3, 2015

Pursuant to Florida Statute §101.5612, notice is hereby given of the time and location of the public preelection test of the automatic tabulating equipment (Logic and Accuracy Test) for the November 3, 2015 Miami Beach General and Special Elections.

Pursuant to Florida Statute §102.141, notice is hereby given of the time and place during which the City of Miami Beach Canvassing Board for the November 3, 2015 Miami Beach General and Special Elections will meet to canvass the absentee electors' ballots and provisional ballots.

The City of Miami Beach Canvassing Board will convene at the Office of the Supervisor of Elections, 2700 NW 87 Avenue, Miami, Florida. The Canvassing Board is convening on these dates in preparation to conduct the Miami Beach General and Special Elections to be held on November 3, 2015.

DATE/TIME	ACTIVITY	ATTENDANCE
Thursday, 10/15/15 10:00 a.m.	1. Logic and Accuracy Test of the touch screen and optical scan voting systems to be used for absentee, early voting, and precinct ballots	All Canvassing Board Members or one designated Canvassing Board Member
Friday, 10/30/15 1:00 p.m. through Tuesday, 11/3/15	1. Pre-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots 2. Absentee ballot opening and processing (as needed) 3. Duplication of ballots (as needed)	All Canvassing Board Members or one designated Canvassing Board Member
Tuesday, 11/3/15  Canvassing: 5:00 p.m. to completion	1. Absentee ballot opening and processing (as needed) 2. Duplication of ballots (as needed) 3. Canvassing of presumed invalid absentee ballots and provisional ballots 4. Tabulation of results 5. <u>Unofficial</u> Results provided by the Supervisor of Elections	All Canvassing Board Members
Friday, 11/6/15 1:30 p.m. to completion	1. Canvassing of provisional ballots (if needed) 2. Certification of <u>Official</u> Results, including provisionals, by the Supervisor of Elections 3. Post-count Logic and Accuracy Test of the optical scan system used for absentee and provisional ballots 4. Race and precinct(s) selection for manual post-election audit 5. Audit process starts to completion	All Canvassing Board Members  Majority of the Canvassing Board Members or designees

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Michael DeFolyn  
9-10-15



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